



Student Registration Form

Waconia Center for Dance Arts LLC
280 Industrial Blvd. Waconia
952-442-6328
waconiacenterfordancearts@gmail.com
waconiacenterfordancearts.com
Mailing address: P.O. Box 587
Waconia, MN 55387

2019-2020

Student Name	Age	Birth Date
Home Address	Phone #1	
City/State/Zip	Phone #2	
Grade Fall of 2019	Parent E-mail Address (also used for billing and newsletters)	
NEW STUDENTS ONLY: Years of Dance Study/Type of Dance		

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name	Secondary Parent/Guardian Name	
Address (if different than above)	Address (if different than above)	
City/State/Zip	City/State/Zip	
If parent is unavailable, person to contact in case of emergency:		
Name	Phone	Relationship to Student

Classes Registered:	Day:	Time:
Please turn form over to complete releases and agreements.		



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How did you hear about us? (Please circle all that apply)

Website	Print Ad	Friend	Phone Book	Flyer/Poster	Attended a Performance	Other:
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Interested in volunteering for WDA?

Please list any special skills or connections (for example: marketing, sewing, grant writing, etc.)

RELEASES AND AUTHORIZATIONS

Release of Liability

In consideration of participating in the activity of dance, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Waconia Center for Dance Arts LLC and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1) I acknowledge that the activity of dance involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include, but are not limited to, death, paralysis, broken bones, torn ligaments, bruises and other bodily injuries caused by contact with other participants, objects used during practice, the floor; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety, without jeopardizing the essential qualities of the activity.
- 2) I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of WCDA. My participation or my child's participation in this activity is purely voluntary and I elect to participate or allow my child to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child am unable to participate due to physical or medical conditions, then I or my child will immediately discontinue participation.
- 3) I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless WCDA from any and all claims, demands, or causes of action which are in any way connected with my participation in the activity or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should WCDA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4) I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I or my child has no medical or physical condition which could interfere with our safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- 5) In the event that I file a lawsuit on behalf of myself or my child, I agree to do so solely in the state where WCDA's facility is located and I further agree that the substantive law of that state shall apply.
- 6) I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

Emergency Treatment Authorization

I consent to my or my child/children's participation in activities/programs registered for, and authorize the school and its employees or agents to provide or secure emergency medical treatment for me or my child/children on my behalf. To the best of my medical knowledge, neither I nor my child/children has a physical or medical condition which would interfere with participation in the school's program.

Release of Image and Information

I give permission to have my photograph/video or the photograph/video of my child/children, taken during activities, used for publicity purposes by the WCDA. I consent to the use of my name, image, or voice, of those of my child/children, in any publicity contracted or used by the school.

No: _____ Yes: _____

I have had sufficient time to read, understand and accept the policies explained in this form.

Signature of Participant or Parent/Guardian of participant under age 18

Date

Tuition may be dropped in the tuition box at the studio or mailed to:

**Waconia Center Dance Arts LLC
P.O. Box 587 Waconia, MN 55387**

OFFICE USE ONLY

Check #

Cash